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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/069,180	
	Filing Date	2/15/2002	
	First Named Inventor	S. OHKAWA	
	Group Art Unit	tba	
	Examiner Name	tba	
Total Number of Pages in This Submission	5	Attorney Docket Number	2628 US0P

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard. Form PTO 1449 Cited References (4)
Remarks		The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 500799.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark Chao, Ph.D., JD, Reg. No. 37,293
Signature	
Date	3/11/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 3/11/03			
Typed or printed name	Gail L. Winokur		
Signature		Date	3/11/03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/069180

Filed: 2/15/2002

1st Inventor: OHKAWA

For: Tricyclic Dibenzofuran Derivatives, Process for the
Preparation Thereof and Agents

Atty. Dkt. No. 2628US0P



Art Unit:

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Information Disclosure Statement

Commissioner for Patents
Washington, D.C. 20231
Sir:

Pursuant to 37 CFR §1.56, 1.97 and 1.98, applicants request consideration of the references listed on the attached form PTO-1449. A legible copy of each listed reference is enclosed.

Enclosed is a copy of the European Search Report dated FEB 6, 2003, in which these references were first brought to the Applicant's attention less than three-months prior to filing this information disclosure statement.

Should the Examiner believe that a conference with applicants' attorney would advance prosecution of this application, the Examiner is respectfully invited to call applicants' attorney.

Respectfully submitted,

Dated: March 6, 2003

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